Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee la	nformation		U (de la compa					
a. Full Name								c. ID Number
JIM MEDLIN	FOR COUNT	Y COMMISSION	ONER					c. ib Namber
b. Mailing Addr	ess (include C	ity, State and Zi	p Code)	V-1				d. Date Filed
209 MCGLAM OAK ISLAND								01/08/2016
	,							e. Phone Number
								- I HOLD IVALIDE
2. Report Year	3. Period Sta	rt Date (mm/dd/	yy)	4. Period	End Da	rte (mm/dd/yy)	5. Treasu	rer Full Name
2015	1	0/07/2015			12/31/2			PAINTER
6. Type of Comm		One)	9. Тур	e of Repor	t (c.	heck only one	type of rep	ort from one category)
X Candidate Can	npaign 🔲 Pa	rty	Munic		,	State/County	21 7 1	Referendum
Joint Fundrais	er 🔲 PA	AC .		Organizatio	onal	Organizatio	nal	Organizational
Referendum	☐ Le	gal Expense Fund		Thirty-five	day	Quarterly		Pre-referendum
7. Type of Fund	(if applicab	ole, check one)		Pre-primar	-	☐ First		Final
"Booster Fund	"			Pre-electio	n	Second		Supplemental Final
Building Fund				Pre-runoff		Third		Annual
Presidential El	ection Year Car	ndidates Fund		Semi-annua	ıl	☐ Fourth		Special
NC Public Can	paign Financin	g Fund		Mid Yo	285	Semi-annual	1	L speem
		- 14		Year E		☐ Mid Ye		10 Secolal December 1
Other:			_	Final		Year Er		10. Special Report Name
8. Number of Fu	ndraisers this	Report	6	Special		Final	iu	
or ruginost of ru		a technit	u	фесии				
	1					L Special		
3. Account Infor	mation				3. Acc	ount Informati	on	
a. Financial Insti	tution Full Na	m e				ncial Institutio		e
FIRST CITIZEN	NS BANK			 				
b. Purpose		c. Account Code	B		b. Purp	ose		c. Account Code
FOR DEPOSIT	OF	·	1					
CAMPAIGN			1					
CONTRIBUTIO	ONS AND	d. Period Begin	Balanc	e				d. Period Begin Balance
PAYING CAMI	PAIGN	\$						
		49						\$
Chapter 163 of	e Committee of the NC Gener	al Statutes and 1	that no	funds are	commin	gled with proh	ibited or of	2A, 22B & 22D-22M of ther non-disclosed d by the NC State Board
Caro	nted Name of Si	unter	4	Sign	ol (Appointed Treasu	far	01/08/2016 Date
FOR OFFICE US	EONLY		-			7,7		Date
Date Received	6	FCFI	WE	Employ	/ee·	ac.		very Method
	IIUIr		-V L	3/MT	_	105.7		Normal Mail
Date Postmari	ked:			Employ	ee.			Registered Mail
		JAN 278 2	016	رمي الزيالا	_		(X)	Hand Delivered
Date Scanned	.			employ	.ee.			Electronically Filed
	-	BRUNSWICK CO	UNTY					Signer has not received
Date Data Ent	cicu:	BOARD OF ELEC	TIONS	Employ	ee:			mandatory training
Please Note	: This form ca	nnot be used to	amend	committe	e inform	nation such as 1		tee address, treasurer,
	assistan	t treasurer, cust	odian o	f books in	formati	on, or account	in formation	n
Vo		the Statement						
RO-1000				ate Board o			Committee	December 2007

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number JIM MEDLIN FOR COUNTY COMMISSIONER 2015 Year End Semi-Annual Total this Total this Start of Election Cycle: January 1, 2013 Reporting Period Election Cycle 4) Cash on Hand at Start 1,000.00 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 175.00 \$ 175.00 6) Contributions from Individuals (CRO-1210) 5,100.00 \$ 6,100.00 7) Contributions from Political Party Committees (CRO-1220) 0.00 \$ 0.00 8) Contributions from Other Political Committees (CRO-1230) 0.00 \$ 0.00 9) Loan Proceeds (CRO-1410) 0.00 \$ 0.00 0) Refunds/Reimbursements to the Committee (CRO-1240) \$ 0.00 0.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 0.00 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 \$ 0.00 11c) Outside Sources of Income (CRO-1250) \$ 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) 0.00 \$ 0.00 11e) Exempt Purchase Price Sales (CRO-1265) 0.00 \$ 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 5,275.00 \$ 6,275.00 **EXPENDITURES** 3) Disbursements 13a) Operating Expenditures (CRO-1310) 3,424.00 3,424.00 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ 30.91 30.91 5) Loan Repayments (CRO-1420) \$ 0.00 0.00 6) Refunds/Reimbursements from the Committee (CRO-1320) \$ 171.08 171.08 7) In-Kind Contributions (CRO-1510) \$ \$ 0.00 0.00 (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 3,625.99 \$ 3,625.99 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ \$ 2,649.01 2,649.01 ADDITIONAL INFORMATION 0) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 0.00 22) Debts and Obligations owed by the Committee (CRO-1610) 0.00 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 0.00 24) Account Transfers Within the Committee (CRO-1720) 0.00 25) Administrative Support (CRO-1710) \$ 0.00 \$ 0.00 **26) Forgiven Loans** (CRO-1440) \$ 0.00 0.00 27) 48-Hour Notice Reports Sum (CRO-2220) 0.00 \$ 0.00 28) Contributions to be Refunded (CRO-1215) 171.08 \$ 171.08

Amendment Aggregated Contributions from Individuals Page 1 of 1 Yes X No Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number JIM MEDLIN FOR COUNTY COMMISSIONER 3. Contributor Information a. Amend b. Account Code | c. Form of Payment | d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount Add 1 Check 12/25/2015 \$ 25.00 ☐ Remove Add 1 Cash 12/16/2015 \$ 50.00 Remove Add 1 Cash 12/16/2015 \$ 50.00 ☐ Remove ☐ Add Check 11/13/2015 \$ 50.00 Remove 4. Total only this Page \$ \$175.00 5. Total of ALL CRO-1205 Pages \$ \$175.00 (This line must be on line 5 of Detailed Summary Page CRO-1100)

CRO-1205

NC State Board of Elections

April 2007

		from Individual individual		J	Pg 1 of 6		Amend Yes	s X No
1. Cor	mmittee Full Nam	ne (and Fund if applicab	Ha)	Ontributions .	ander \$50 ii tohii CkC	-)5 is not u . ID Num	
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3. Cor	ntributor Informa	tion	Г	Add R	Damaya			
a. Full	Name, Mailing Ac	ddress & Phone		b. Job Title/F		ld.	Comme	nte
	lude city, state, &	zip)		RETIRED		-		13 10
	CE ALLAN							
	ASSEMBLY ST. MONT, NC 2801:				's Name/Specific Field	-		
LJL.	MOINT, INC. 2001.	2		MILLIAM	N TEXTILES	e.	Dection	Sum to Date
						\$,	100.00
f. Prior	r g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	1	k. Amo	
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	TE BARTLETT .W. 5TH ST.			e Fmnlover's	s Name/Specific Field	4		
	.w. 51H S1. ISLAND, NC 28	465		RETIRED	Name/openine into			
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. Cent	ributor Informati	ion		Add □ Re	emove			
. Full !	Name, Mailing Ado	dress & Phone	7.3	b. Job Title/Pr		d. (Commen	ts
	ude city, state, & z	ip)		RETIRED				
	E DARBY I. HOWE ST.			- Employer's	Name/Specific Field			
	HPORT, NC 284	161			ATE DEVELOPER			
		01		KEAL LOII		e. F	Jection S	Sum to Date
						\$		1,000.00
Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	crintian	j. Date (mm/dd/yyyy)		k. Amou	
	1	Check	I she based as	.Tiperon	10/21/2015		s. Amou	1,000.00
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	al only this Pag	ge				\$	•	1,300.00
	al of ALL CRO	100				\$		
		0				•		£ 100 00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

Contributions from Individuals Pg 2 of 6 Yes D

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number JIM MEDLIN FOR COUNTY COMMISSIONER 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED TOWN MANAGER STEVEN FOSTER c. Employer's Name/Specific Field 6634 KINGS LYNN DR. OAK ISLAND, NC 28465 TOWN OF OAK ISLAND e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 11/21/2015 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED LINDA GRAHAM c. Employer's Name/Specific Field 203 NORTON ST OAK ISLAND, NC 28465 CAROLYN FORD, INC. e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 11/02/2015 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED MARK S. GULLEDGE c. Employer's Name/Specific Field P.O. BOX 272 OAK ISLAND, NC 28465 REMAX REALTY e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 11/21/2015 \$ 100.00 \$ \$ 4. Total only this Page 850.00 \$ 5. Total of ALL CRO-1210 Pages \$ 5,100.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

No No

Amendment

-		om Individuals dividuals		ontribu	Pg ions ur		1205	Yes	No l	
		(and Fund if applicab		Jitilou	ions ur	idei 450 ii ioiiii eite i		D Number		
		UNTY COMMISSIO					-	III T TOTAL CONTRACTOR		
	ributor Informati				444	move	d. Comments			
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession AUTOMOBILE DEALER					a. C	omments				
	LYN HURST	· /)		AUTO	MORI	LE DEALEK				
	APLE GROVE T	ERRACE		c. Emp	loyer's	Name/Specific Field				
	TREE CITY, N			RETI	RED		L			
	ŕ						e. F	lection Sur	n to Date	
							\$		300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount		
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	de city, state, & zi			OWN	ER					
MARV	IN MARTIN									
P.O. B0	OX 10911			c. Employer's Name/Specific Field						
SOUTI	IPORT, NC 284	61		MAR	TIN'S A	AUTO REPAIR	e. Dection Sum to Date			
							<u> </u>	action Sun		
							\$		100.00	
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	ame, Mailing Add			b. Job	Title/Pr	ofession	d. C	Comments		
	de city, state, & zi			DENT	IST					
	ONY J. MICHEL			c Emp	loverie	Name/Specific Field				
	RICES CREEK D IPORT, NC 2840					COSMETIC				
30011.	I OK1, NC 204					NTISTRY	e. E	lection Sun	n to Date	
							\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount		
	1	Check				11/21/2015		\$	100.00	
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4. Tota	l only this Pag	ge	**************************************		M		\$		500.00	
	of ALL CRO						•		£ 100 00	
		of Detailed Summary F	Page CRO-1100)				\$		5,100.00	

Contributions from Individuals

Pg 4 of 6 Amendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number JIM MEDLIN FOR COUNTY COMMISSIONER 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RETIRED **RAY MOORE** c. Employer's Name/Specific Field 3596 MEMBERS CLUB BLVD SOUTHPORT, NC 28461 **IBM** e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/25/2015 \$ 500.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) BUSINESS OWNER MARK B. MOSLEY c. Employer's Name/Specific Field 4183 BIG RUN DR. ELKTON, VA 22827 RETIRED e. Election Sum to Date 100.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 11/19/2015 \$ 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BROKER/OWNER **JANET NUTLEY** c. Employer's Name/Specific Field P.O. BOX 11472 SOUTHPORT, NC 28461 REALTY EXECUTIVES e. Dection Sum to Date 200.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check 1 11/23/2015 200.00 \$ \$ \$ 4. Total only this Page 800.00 \$ 5. Total of ALL CRO-1210 Pages \$ 5,100.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals Pg 5 of 6 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number JIM MEDLIN FOR COUNTY COMMISSIONER 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY **DWIGHT D. SEXTON** c. Employer's Name/Specific Field 1908 CHOTO RD. KNOXVILLE, TN 37922 **RETIRED** e. Dection Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 11/25/2015 \$ 200.00 S \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER WAYNE J. SMITH c. Employer's Name/Specific Field 20 THOMASBORO RD. CALABASH, NC 28467 WAYNE'S BACKHOE e. Election Sum to Date SERVICE 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 11/14/2015 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **OWNER - RETIRED BETTY WALLACE** 133 NE 37TH ST c. Employer's Name/Specific Field OAK ISLAND, NC 28465 SUNBELT VIDEO e. Dection Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 12/01/2015 \$ 200.00 \$ \$ 4. Total only this Page 900.00 \$ 5. Total of ALL CRO-1210 Pages \$ 5,100.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

				Amendme	ent	
Contributions from Individuals	Pg	6 of	6	Yes Yes	X	N
Use this form to report individual contributions over \$50 or contr	ibutions under	\$50 if for	m CRO 12	05 is not use	d	
1. Committee Full Name (and Fund if applicable)			12	. ID Number	r	

1. Con	mittee Full Name	e (and Fund if applicat			under \$50 if form CRO	-	ID Num	
		UNTY COMMISSIC		•				
	tributor Informat				Remove			
	Name, Mailing Adude city, state, & 2			b. Job Title		d. C	Comme	nts
-		атр)		7	CIVILIAN			
	REY M. WISE ROWELL ST.			c. Employe	R OF FAMILY PROG	-		
	ISLAND, NC 28	465		RETIRED				
O A I A I	10D1111D, 110 20	105		KETIKED		e. I	dection	Sum to Date
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	1	Check						
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3. Cont	ributor Informati	on		Add 🔲	Remove		1125 125 135	
	Name, Mailing Add			b. Job Title	Profession	d. C	ommei	nts
(incl	ide city, state, & z	ip)		LAND DE	VELOPER			
	IAS J. YOUNG							
	EORGE 2ND HIC				's Name/Specific Field			
MINN	ABOW, NC 284	79		NONE		a 1	lection	Sum to Date
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						\$		500.00
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							\$	
							\$	
4. Tota	al only this Pa	ge	L			\$		750.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary I	Page (RO_1100)			\$		5,100.00
CRO-12		o oj vetanca sammury r		ard of Election	ne			April 2007

Contributions to be Reimburse Use this form to report Contributions under \$1, Refunds must be disclosed on the Refunds/Rei	,000 whic	h will be refun			Amendmen Yes	t No		
1. Committee Full Name				2. []) Number			
JIM MEDLIN FOR COUNTY COMMISSION	NER							
3. Contributor Information		Add Re	move					
Full Name & Mailing Address of the Payee (the original vendor)			Mailing Address whom the camp					
LINDA GRAHAM 203 NORTON ST OAK ISLAND, NC 28465 LINDA GRAHAM 203 NORTON ST OAK ISLAND, NC 28465								
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card	Y/N	d. Amount			
FOOD, INVITATIONS, AND SUPPLIES FOR MEET AND GREET FUNDRAISER	11	/30/2015	N		\$	171.08		
4. Total only this Page				\$		171.08		

5. Total of ALL CRO-1215a Pages

(This line goes in line 28 of Detailed Summary Page CRO-1100)

CRO-1215

NC State Board of Elections

December 2007

171.08

\$

Disbursen	nents				Pg			Amen	dment es	No No
	report expenditures		ee for o	perating expen	nses	s, contributi	ons to	candidat	e/politi	cal
ALC: A COLOR OF THE PARTY OF TH	coordinated party e									
	ull Name (and Fund							2. ID Nui	nber	
JIM MEDLIN	FOR COUNTY CO	MMISSIONER								
3. Type of Disb	ursement (Please	use separate CRO	2-1310	forms for eac	h tv	pe of Disbu	rseme	ent.)		
Operating Ex		ributions to Candida						ed Party Ex	penditu	res
4. Payee Inform	nation			Add 🔲	Re	move	-			1000
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	am e	d. Comm	ents	
(include city, sta	ate, & zip)				-		1=4=			
BRUNSWICK	CO BOARD OF EL	ECTIONS		\$						
PO BOX 2				c. Level Regis	tere					
BOLIVIA, NC	28422			☐ Federal		County				
(910) 253-2620)			State		☐ Municip	pality:	e. Election	n Sum	to Date
								\$		224.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. /	Amount	k. Re	quired Re	marks	
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4. Payee Inform	nation			Add 🔲	Re	move				
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d C	ommittee N	am e	d. Commo	en ts	
(include city, sta	ite, & zip)									
WEBB COX								1		
1346 SUNNYS				c. Level Regis	tere					
SHALLOTTE,				Federal		County		E29	. 6	D.4
(910) 443-9708				State		LI Municip	oamy:	e. Election	Sum	io Date
								\$	3	,200.00
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					\$					
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	in line 13a of Detailed S	ummary Page CRO	-1100 ij	Operating Expen	nses,			\$	3	,424.00

O* Other

* Codes require detailed explanation in required remarks field (k)

CRO-1310

NC State Board of Elections

December 2009

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries

I - Postage

Aggregated	Non-Media	Expenditures
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Aggreg	ated Non-Iv	iedia Expendi	itures		Page _	of	$I \underline{1}$	☐ Yes 🔯 No
Optional for	orm used to rep	ort NC Non-Media	Expenditures c	of \$50 or less.				
1. Committe	ee Full Name (an	d Fund if applicable)				2. ID	Number	
JIM MEDI	LIN FOR COUNT	TY COMMISSIONE	ER .					
3. Payee Inf								
the state of the s	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/	/yyyy)	f. Amo	Junt	g. Required Remarks
☐ Add ☐ Remove	1	Electric Funds Tran	0	11/25/201	11/25/2015		7.4.71	BANK CHARGE FOR COMMITTEE'S
Add Remove	1	Electric Funds Tran	0	11/30/2015		\$		BANK CHARGE FOR PAPER STATEMENT
Add Remove	1	Electric Funds Tran	0	12/31/201	15	\$	J.VV I	PAPER STATEMENT FEE
4. Total o	only this Page					\$		30.91
	of ALL CRO-1 must be on line 14 of	315 Pages of Detailed Summary Page	ge CRO-1100)			\$		30.91
5. Purpos		detailed expenditur						
		- Printing	C* - Fundra	The second secon	The state of the s	CONTRACTOR OF THE PARTY OF THE	other Can	the state of the s
E - Salar	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	- Equipment	G - Political	Party	H* -	Hold	ing Publ	lic Office Expenses
I - Postaj	ge J-	Penalties	K* - Office	Expenses	Q* -	· Dons	itions to	Legal Expense Fund
O* - Otl	her							

CRO-1315

* Codes require detailed explanation in required remarks field (g)
NC State Board of Elections

December 2009

Amendment

Amendment Refunds/Reimbursements From the Committee Pg 1 of 1 Yes Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number JIM MEDLIN FOR COUNTY COMMISSIONER 3. Payee Information Add 🗆 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum ☐ Party LINDA GRAHAM e. Level Registered (Specify) 203 NORTON ST h. Original Receipt Date Federal ☐ County: OAK ISLAND, NC 28465 11/30/2015 ☐ State Municipality: i. Original Receipt Amount 171.08 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date RETIRED CAROLYN FORD, INC. 500.00 k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check **FUNDRAISER EXPENSES** 11/30/2015 171.08 4. Total only this Page \$ 171.08 5. Total of ALL CRO-1320 Pages \$ 171.08 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit P* - Reimbursement of In-Kine O* Other * Codes require detailed explanation in required remarks field (m)

NC State Board of Elections

July 2007

CRO-1320